

“Peer Mentor/Volunteer Application Form”

The Village Bridge Inc/The Village Bridge Center
 2111 S. 2nd Dallas, Texas 75210
 Dallas, Texas 75210
 214-210-9661

The Village Bridge Inc/The Village Bridge Center is an equal opportunity employer. Federal and state laws prohibit discrimination in employment related opportunities due to race, creed, religion, age, sex, national origin, or physical handicap. No question on this application is asked, or will be used, for the purpose of limiting or excluding any person’s right of consideration for practical or volunteer opportunities.

Name: _____ Date of Birth: _____
(please print)

Social Security No: _____ Driver’s License No. _____ State: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

School Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____
(Cell) (Home)

E-Mail Address: _____

School Presently Attending: _____ Grade Level: _____

Days Available per Week: Mon Tues Wed Thur Fri Sat Sun

Do you have any health limitation? Yes No

If yes, please explain: _____ Do

you object to our agency running a background check on you? Yes No

Please list three people you would like to use as character references.
 (one guidance counselor, one teacher, and one friend/family adult)

Name _____
 Address _____ City _____ State _____
 Phone _____ Relationship _____

Name _____
 Address _____ City _____ State _____
 Phone _____ Relationship _____

Name _____
 Address _____ City _____ State _____
 Phone _____ Relationship _____

Please list previous work or volunteer experiences with young people, length of time and age of child(ren) (i.e. Scouts, Church, Community, etc.): _____

Please list any special skills, certifications, talents, hobbies or interests: _____

Why do you want to be a mentor? _____

Please rate the age/child you prefer to work with:

- 1 = I prefer to work with this group
- 2 = I feel comfortable working with this group
- 3 = I feel uncomfortable working with this group

_____ K - 3rd _____ 4th - 5th _____ 6th - 8th _____ 9th-12th

Are you willing to work with a child who has disabilities? _____ Yes _____ No

Would you prefer to be matched with a child from a specific ethnicity or gender? _____ Yes _____ No

If yes, please list them: Ethnicity _____ Gender _____

Motivation for Mentoring:

_____ I have an interest in teaching _____ I know a mentor _____ I am a Parent/Have a child

_____ I see a need for mentors _____ I saw an ad about the program _____ Word of mouth

_____ Someone asked me to be a mentor _____ Religion/Faith _____ Other

_____ I belong to a group/organization that is participating in the program

I hereby certify that the statements are true and correct to the best of my knowledge. I hereby grant the agency permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for immediate suspension of the practical or volunteer experience.

Signature: _____ Date: _____

Terms of Mentorship/Volunteering

1. Attend a one-hour orientation session and two-hour mentor training session, which will prepare you to work as mentor/volunteer and provide ideas and activities.
2. Attend all scheduled staff meetings and trainings.
3. Consent to a mid-year and final evaluation, completed by the program coordinator.
4. Follow all school and agency policies, rules, and procedures.
5. Be professional always.

I agree to all of the conditions stated above and do confirm that I have not, nor am I presently engaged in any activities of a criminal nature. I also grant permission to the program to check with the appropriate authorities (courts, youth agencies, and police, etc.) if necessary, upon matters of record regarding my background or history. **Please Initial:** _____

Confidentiality Statement

In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to or view information regarding clients and employees. Regarding all such information, I agree to observe the Agency's strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through my involvement with the Agency may not be used, distributed or discussed outside of my volunteer responsibilities.

I understand and agree that breach of such confidentiality shall subject me to disciplinary action, up to and including discharge, under the The Village Bridge Inc/The Village Bridge Center policies.

I hereby attest that I have read this Confidentiality Statement and agree that my continued mentor/volunteer service is contingent upon strict adherence to same. I understand, and agree, that I will be discharged, should I violate the The Village Bridge Inc/The Village Bridge Center standard of strict confidentiality.

Signature: _____ Date: _____